

SUFFOLK COUNTY DEPARTMENT OF LABOR – *LIVING WAGE* UNIT

NOTICE OF DECISION ON HARDSHIP ASSISTANCE

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

TO BE COMPLETED BY *LIVING WAGE* UNIT

DATE: _____

TO: _____ (Managing Agency)

You are hereby notified that the **Request for Hardship Assistance** and associated draft resolution submitted on _____ regarding the contract (# _____) from _____ (Covered Employer) has been received and examined by the *Living Wage* Unit.

The **Request for Hardship Assistance** has been:

☐ Accepted, and the *Living Wage* Unit authorizes the submission of the accompanying resolution to the County Legislature.

☐ Denied.

Should you have any questions regarding this decision, please contact the Suffolk County Department of Labor's *Living Wage* Unit at (631) 853-3808.

Brenda Rosenberg
Director of *Living Wage* Compliance
Suffolk County Department of Labor